

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RECLAIM AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00500025		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Basswood Research			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 4550 Montgomery Ave. Ste. 906			Amount 21050.00		
City Bethesda	State MD	Zip Code 20814	Transaction ID : SE.4151		
Purpose of Expenditure IE-Ernst-Research		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 181820.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FLS Connect			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 7300 Hudson Blvd Ste. 270			Amount 4050.21		
City Saint Paul	State MN	Zip Code 55128	Transaction ID : SE.4152		
Purpose of Expenditure IE-Ernst-Telemarketing		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 185870.21			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25100.21		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Lisa Lisker</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 24 / 2014	